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Three is a crowd: the social worker home visit; competing discourses; and the impact on relationships

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LECTURER IN SOCIAL WORK QUB NOVEMBER 2015

Background

- ▶ Background
- ▶ Taken for granted ways of thinking, doing and being
- ▶ Stopped in tracks
- ▶ Involvement in research

The social worker home visit

- ▶ What is it?
- ▶ What shapes its purpose, form, nature and content?
- ▶ Whats going on?
- ▶ Why?
- ▶ What can be done differently?

The home visit: what is it?

The home visit is at the heart of social work practice with children and families; it is what children and families' social workers do more than any other single activity (except for recording), and it is through the home visit that assessments are made on a daily basis about risk, protection and welfare of children. And yet it is, more than any other activity, an example of what Pithouse has called an 'invisible trade': it happens behind closed doors, in the most secret and intimate spaces of family life.

Winter and Cree, 2015 BJSW


The home visit

Not nearly enough attention is given to the detail of what social workers actually do, where they do it and their experience of doing it. In particular, the practice of home visiting, which is the methodology through which most protection of vulnerable adults and child protection goes on, is virtually ignored.

(Ferguson, 2009, p. 471).

Spiritual obligations

- ▶ Home visit was constructed as a social necessity and moral imperative
- ▶ Regulation of family functioning, reform of individuals and reinstatement of self help principle
- ▶ However, while the focus of the visit was essentially the same—that is, to assess claims for help and connect families with local sources of support in order to build self-reliance and good character—there was great variety in individual practice.

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- ▶ Some home visitors were noted as being uncompromising in their approach; it was not uncommon for them 'to march into homes with the occupants still in bed, demand that they got up and appeared downstairs for censure or improvement, and refuse to leave until they had done so' (Rack, 1973, p. 358)
 - ▶ Hence, what the home visit did more than anything else was to reinforce the idea that individuals were the problem to be sorted, not society, and that this would be best achieved by disciplining the body, not through brute force, as in olden times, but through the internalisation of social control once taught; moreover, women were well placed to do this disciplining, because of all the gendered ideas about women's qualities and role in society.

Social casework

Application of standardised, systematic social scientific principles during home visits, in contrast to the spiritual ones that had characterised earlier practice. Richmond (1917) outlined the stages in what she called a 'social diagnosis': the collection of evidence about the client, their family and relevant circumstances outside the family; a comparison of evidence from different sources ('inference'); and interpretation of evidence ('interpreting its meaning').

Social casework

As Richmond wrote:

. . . the most successful case work polices are encouragement and stimulation, the fullest possible participation of the clients in all plans, and the skilful use of repetition. Sometimes there must be warning and discipline; always there must be direct action of mind on mind

(Richmond, 1922, p. 256)

State regulation

- ▶ Thus the discourse informing the delivery of the home visit moved away from a social casework approach towards that of assessment, risk and case management.
- ▶ Completion of structured, standardised assessment forms with families in need and/or at risk.
- ▶ Forms are multi-purpose and designed to: define and prescribe the purpose of social work home visits; assist social workers to gather relevant information; make practice more transparent and accountable through working in partnership with parents and children and through the production of a paper trail that could hold professionals to account in their delivery of services to children.

Maria Colwell

‘One aspect of Maria’s story which has naturally given rise to concern is the extent to which the social workers directly involved in the case [...] were able to communicate effectively with Maria about her feelings, both during the period of transition and after her return home. It seems to us that this is a vitally important matter for all social workers responsible for children in care [and that] direct personal communication between social workers and children about their problems is indispensable’.

(DHSS 1974: 76, para 209)

Waterhouse (2000)

- ▶ 'It is necessary to stress here the importance of the duty of field social workers to establish and maintain a close relationship with children in residential care and to listen to their worries and complaints [...] Once a child is admitted into care, the field social worker carries the main responsibility for planning the future....'

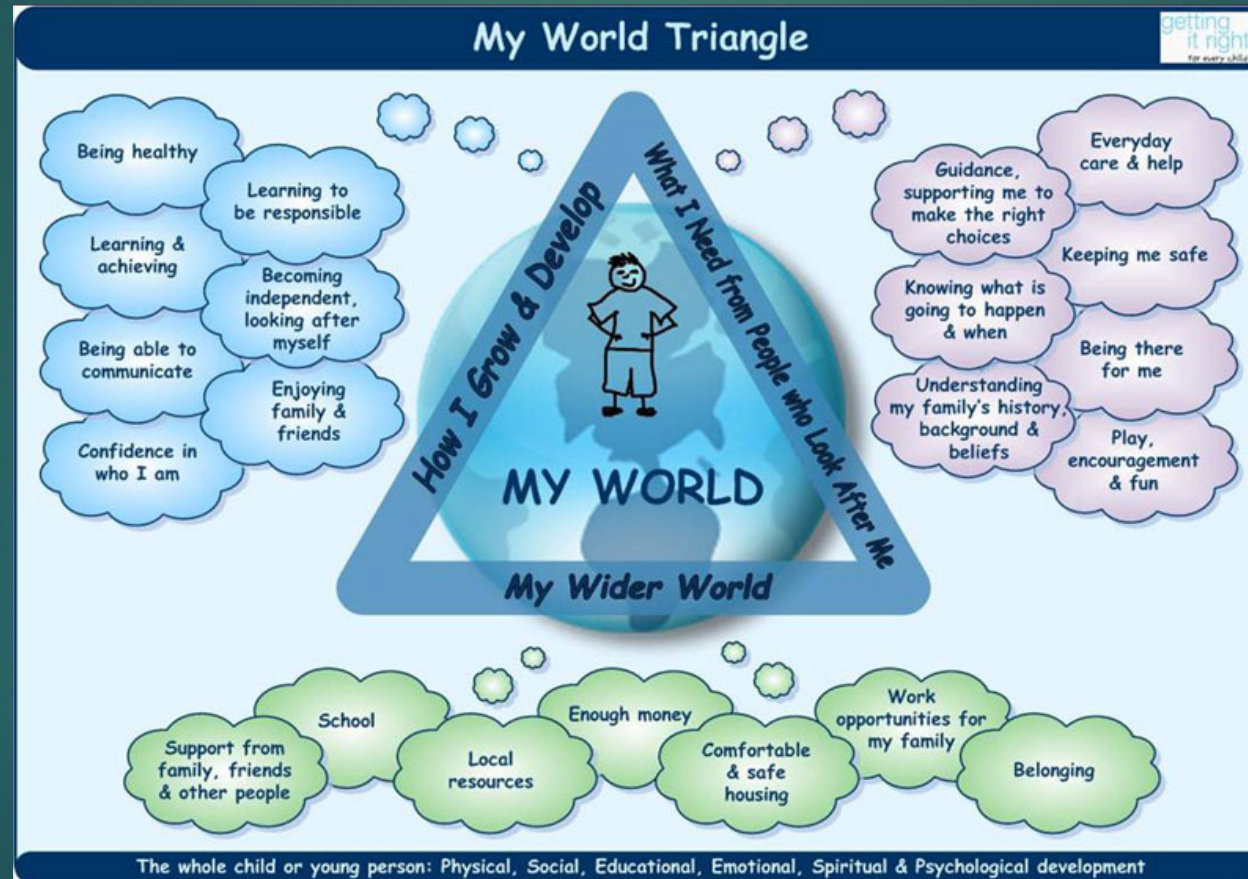
Waterhouse 2000 *et al*: 438, para 29.60 and 462-446, para 31.16).

Peter Connelly

‘One of the simple and yet understated facts of the case is that it appears that not one professional had a good enough, close enough relationship with Peter to ‘connect’ with him, to assimilate the signs of abuse and to act decisively on them’.

Winter (2011, p. 22)

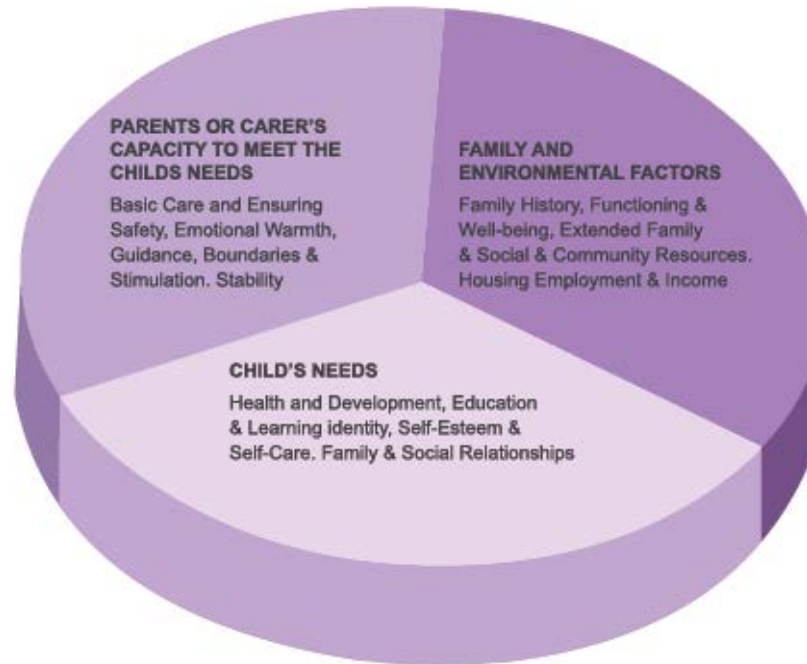
Assessment



Assessment

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What does UNOCINI look like?



State regulation

Social workers indicate that one reason for the failure to work more closely in partnership with parents and children was because they were encouraged to limit the opportunities to build relationships in case these interfered with their ability to make more objective assessments (Jones, 2001) and, in the face of increased bureaucratic requirements, their contact during home visits remained more fleeting (Munro, 2011).

Contemporary discourses



Demand for increased regulation through the introduction into practice of a greater range of evidence-based measurement tools and interventions

Versus

the demand for deregulation through less adherence to prescribed assessment tools and greater emphasis on relationship-based practice.

Contemporary discourses

- ▶ With regard to the use of targeted, evidence-based interventions, the introduction in England of the government programme (DFE, 2014) to support the development of, and research regarding the effectiveness of, innovative evidence-based social work interventions with families is noteworthy.
- ▶ Compare these developments with the Review of Child Protection in England (Munro, 2011), which demonstrates a pull in a very different direction. Here we see a demand for the deregulation of the social work visit through less reliance on prescriptive assessment frameworks and greater engagement with creative and relationship-based practice (Ruch et al., 2010; Munro, 2011).

Social pedagogical principles

- ▶ How to bring all aspects of their being – rational, emotional and practical – into their professional relationships; internal connectivity
- ▶ First clip – pre visit – head
- ▶ Second clip – context of visit; connectivity with wider context
- ▶ Third clip – how social workers communicate – hands, heart and head
- ▶ Fourth clip – what children say – heart, resonance, reflection
- ▶ Fifth clip – disconnected communication

Paper by Ruch, Winter et al. forthcoming











Social pedagogical principles

Communication and connections are multi-faceted and involve a complex series of inextricably inter-related intimate interactions - words, facial and hand gestures, body positions, touches, sounds and silences

How, where, is this captured?

What professional practices are reproduced?

Social pedagogical principles

Eichstallar and Holthoff (2010, p. 184) capture this need for sensitive flexibility:

The relational aspect of social pedagogic practice means that every day brings something new and unforeseen as every child is unique and brings all their uniqueness into that relationship. As it is impossible to have a rulebook that would adequately cover the complexity and endless possibilities enshrined within each relationship, all that social pedagogy can do is give professionals the confidence needed for each new encounter, to trust their own and the other's abilities.